REMARKS

Claims 1-50 remain pending in the application as no claims have been cancelled and no new claims are added. All claims stand rejected. In view of the comments below, favorable reconsideration of all claims is respectfully solicited.

As a preliminary matter, there is an objection to the drawings. A proposed drawing correction or corrected drawings are required in response to the Office Action. The objection will not be held in abeyance.

In response to the above objection to the drawings, filed herewith, under separate cover, are formal drawings for the application. It is respectfully submitted that the formal drawings do not introduce any new matter into the application. Approval of these formal drawings is respectfully requested.

There is also an objection to the Abstract. This objection is apparently founded on the use of the word "disclosed". Accordingly, a new Abstract is proposed herein where it will be seen that the word "disclosed" has been deleted. Approval of the amended Abstract is respectfully requested.

Still further, there is an objection to the title of the invention. It is required that the title include a novel feature of the invention. Such a title is proposed herein.

As will be seen hereinafter, a novel feature of the invention over the applied prior art reference is that the invention includes a device that is implantable in the coronary sinus to provide mitral valve therapy. Such a device is not shown, suggested, or described in the applied reference. Accordingly, the approval of the proposed new title is respectfully requested.

With respect to the prior art, claims 1-7, 9-17, 19, 25-28, and 31-45 stand rejected under 35 U.S.C. 102(e) as being anticipated by Houser et al., Pub. No. US 2002/0035361 A1. Claims 8, 18, 20-24, 29-30, and 46-50 stand rejected under 35 U.S.C. 103(a) as being obvious and thus unpatentable over Houser et al.

Each of the above noted rejections is respectfully traversed. The rejections are traversed because Houser et al. fails to show, describe, or even suggest a device to be implanted and left in the coronary sinus and configured to provide mitral valve therapy from within the coronary sinus by effecting its geometry.

There is no specific application of Houser et al. to the claims seeking to demonstrate alleged correspondence of described and illustrated structure to the claimed elements. Rather, the Office Action repeats claim recitations back and then makes reference to extensive portions of Houser et al. as demonstrating claim correspondence. Hence, it is respectfully submitted that it is impossible to discern how Houser et al. is relied upon in support of the anticipation and obviousness rejections.

With respect to the 35 U.S.C. 102(e) rejection, it is respectfully submitted that the invention defined by claims 1-7, 9-17, 19, 25-28, and 31-45 is not anticipated by Houser et al. Houser et al. fails to show, describe, or suggest the invention defined by these claims.

Claims 1, 10, 11, 25, 32, 33, 34, and 41 are all independent claims and subject to the 35 U.S.C. 102(e) rejection based on Houser et al. General reference is made to figures 27A-43B, paragraphs 0121-0143 and claims 1-97 of Houser et al. Claims 1, 10, 32, and 34 each defines a device configured or dimensioned to be implanted in the coronary sinus of the heart. From there, the device exerts an inward pressure on the mitral valve to advantageously change its geometry. Claims 11, 33, and 41 define a system including such a device and claim 25 defines a method of treating dilated cardiomyopathy with such a device.

With respect to Houser et al., Figures 27A-36B and its corresponding description show and describe various clips which may be inserted "into tissue surrounding a valve". No mention is made of the coronary sinus. Figure 28 shows a clip partially surrounding the tricuspid valve. The coronary sinus is designated by reference character 39B. The clip is clearly not within the coronary sinus. Nowhere is the coronary sinus even mentioned as a possible implantation site for the clips.

Figures 41A-41C clearly illustrate what is intended as "into tissue surrounding a valve". Here, it is clearly shown that a clip is delivered through a catheter which extends, not into the coronary sinus, but through the atrial septum and into the left atrium. When there, the clip is somehow inserted into the surrounding tissue or extended over the valve. The clip is certainly not implanted in the coronary sinus.

In addition to defining a system including a device for implant in the coronary sinus, claims 11, 33, and 41 further define the device as including a coupler or coupling

mechanism or coupler for being releasably coupled to an introducer. This is also defined in method claim 26.

The releasable coupling between the device and introducer allows the device to deliver therapy while attached to the introducer. If therapy is successful, the device may then be decoupled from the introducer and left in the coronary sinus. However, if it is necessary or desirable to remove the device after the mitral therapy, the device may be readily removed as it is still coupled to the introducer.

Houser et al. does not show, describe, or suggest this releasable coupling. To this, specific reference is made to the stylet 450, plunger 448 and introducer (catheter assembly 436) of Houser et al. This reference is misplaced. There is no releasable coupling in Houser et al. Plunger 448 is not a coupler, stylet 450 is not a coupler. Clearly, when the clip 444 is placed by the plunger 448 pushing it out of catheter 438, the clip cannot be retracted into the catheter. It is not releasably coupled.

Figures 40A and 40B show a catheter handle. The handle permits operation of the plunger.

Lastly, 42A-43B show clips which are delivered to bridge over a valve. The clips are delivered from a catheter which is placed in the coronary sinus. Somehow the clips are directed out of the catheter and anchored across the valve. The delivery catheter is then removed. Hence, Figures 42A-43B do not show a device which provides mitral valve therapy from the coronary sinus.

In view of the above, it is respectfully submitted that Houser et al. fails to show, describe, or even suggest the invention as defined in the pending claims. It is respectfully urged that Houser et al. is so deficient, that it cannot render any of the pending claims obvious.

The mere recitation of claim language together with a statement that a reference discloses the same does not, in itself, enable the reference to disclose the recited subject matter. The reference must actually disclose the invention.

Houser et al. does not disclose the invention defined in any of the claims. It is respectfully submitted that it cannot and does not anticipate or render obvious the invention defined in claims 1-50.

In fact, Houser et al. points away from the invention. The invention is directed in its broader aspects to a device which is implantable in the coronary sinus. Houser et al. does not even mention the coronary sinus as an implantation site. In contrast, in the only embodiment where the coronary sinus is mentioned, it is used to deliver a device across the valve. After implant, all hardware is removed from the coronary sinus. Nothing remains in the coronary sinus to deliver therapy to the mitral valve.

CONCLUSION

It is respectfully submitted that Houser et al. fails to anticipate or render obvious the invention defined in claims 1-50. Allowance of these claims is respectfully urged.

In the event additional fees are due as a result of this amendment, payment for those fees has been enclosed in the form of a check. Should further payment be required to cover such fees you are hereby authorized to charge such payment to Deposit Account No. 07-1897.

Respectfully submitted,

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